COMMONWEALTH of VIRGINIA

Department for the Aging

Jay W. DeBoer, J.D., Commissioner

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AAA TUESDAY MAILING
October 21, 2003

1600 Forest Avenue, Suite 102, Richmond, Virginia 23229
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Virginia department for the Aging

COMMONWEALTH of VIRGINIA
Department for the Aging
Jay W. DeBoer, J.D., Commissioner

MEMORANDUM

TO: Area Agencies on Aging

FROM: Bill Peterson

DATE: October 21, 2003

SUBJECT: **Call for Flu Immunizations**

Flu season is almost upon is. Each year, about 36,000 people die from influenza and 114,000 are hospitalized, mostly those who are over the age of 65. We know that the flu vaccine can prevent 70 - 90 percent of flu-like illnesses. However, not everyone is getting immunized. In 2003, 58 % of African-American seniors and 31.8 percent of Hispanic seniors did not receive a flu shot. I urge our service providers to get the word out about the importance of getting a flu shot, and to reach out to minority communities with low immunization rates. Stay healthy this winter, and get a flu shot! Additional information about influenza, the influenza vaccine, and influenza education materials is available at http://www.cdc.gov/nip/flu.

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COMMONWEALTH of VIRGINIA
Department for the Aging
Jay W. DeBoer, J.D., Commissioner

MEMORANDUM

TO: Directors
Area Agencies on Aging

FROM: Bill Peterson

DATE: October 21, 2003

SUBJECT: **Limited English Proficiency – Revised HHS Policy Guidance**

HHS issued revised policy guidance in the Federal Register this Summer concerning individuals with *Limited English Proficiency* that is effective immediately. The policy is intended to inform programs and organizations that receive federal financial assistance about what action they should take to provide limited English proficient persons with meaningful access to services.

The Older Americans Act includes provision for state plan assurances that "if a substantial number of older individuals residing in any planning and service area in the State are of limited English-speaking ability, then the state will require the area agency on aging for each such planning and service area" to deliver language services; and authorizes the use of Title III funds for language translation services. For a copy of this Federal Register notice go to:
http://www.aoa.gov/prof/civil_rights/LEP/Guidance080803.doc.pdf>.

Information is also available about access to public benefits for non-citizens on the AoA Web site at:
http://www.aoa.gov/prof/civil_rights/Non_citizens/non_citizens.asp>.

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COMMONWEALTH of VIRGINIA
Department for the Aging
Jay W. DeBoer, J.D., Commissioner

October 21, 2003

MEMORANDUM

TO: Executive Directors
Area Agencies on Aging

FROM: Tim M. Catherman
Deputy Commissioner, Support Services

RE: Additional 2003 State Holiday Office Closings

Governor Warner's has announced additional 2003 State Holiday Office Closings. The following is the holiday leave schedule for 2003:

- Wednesday, November 26, State offices will close at noon – *4 additional hours*
- Thanksgiving Day and the day following (November 27 and 28)
- Christmas Eve early closure at noon, Christmas Day, and the day following (December 24, 25 and 26) – *12 additional hrs*.
- New Years Day and the day following (January 1 and 2) – *8 additional hours*

The Commissioner and the staff at VDA wish you and your AAA staff a happy holiday season.

If you have any questions, please call me at (804) 662-9309.

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COMMONWEALTH of VIRGINIA
Department for the Aging
Jay W. DeBoer, J.D., Commissioner

MEMORANDUM

TO: Executive Directors
Area Agencies on Aging

FROM: Kevin F. Byrnes, AICP
Demographer

DATE: 10/21/03

SUBJECT: Demographic Information Updates on VDA Web Site

I'd like to bring to your attention recent updates to the demographics & statistics pages of the VDA web site which may be of interest to you. On the page located at: http://www.aging.state.va.us/downloadable.htm, the new information files added are:

Downloadable Publication Files

Migration Trends Affecting Virginia's Aging Population (.pdf) (09/02/2003)

Downloadable Data Files

VEC Final Local Population Projections, 2000 - 2030 (.zip) (09/02/2003)

The first new resource, a publication entitled Migration Trends Affecting Virginia's Aging Population, contains comparative data for Virginia's counties and cities and AAA planning and service areas from the 2000 Census (i.e. 1995 – 2000) as well as post-census data from the US Internal Revenue Service and Virginia Department of Motor Vehicles for persons moving into and out of Virginia between 1999 through mid-year 2002. This report analyses the effect of the business cycle on the Commonwealth's population migration patterns and documents areas of the state more popular among pre- and post-retirement in-migrants.

The second addition is an Excel spreadsheet workbook which compiles the historic1990 and 2000 Census counts by age group for Virginia's counties, cities and AAA planning and service areas along with the final total population projections by age group produced by the Virginia Employment Commission. Explanatory notes on the final projections series can be found on the following VDA web page:

http://www.aging.state.va.us/download%20vecfinalloc.htm

AAA staff are invited to call (804-662-7047) or contact me by e-mail (kbyrnes@vdh.state.va.us) if they have questions or comments regarding either information item.

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MEMORANDUM

TO: Directors
Area Agencies on Aging

FROM: Bill Peterson

DATE: October 21, 2003

SUBJECT: **Money Management Program Manual**

The San Francisco Consortium for Elder Abuse Prevention has developed a manual for the operation of a money management program. Advocates working with elders recognize that seniors who are unable to manage their finances are susceptible to exploitation by unscrupulous family members, acquaintances, and predators. Daily money management is increasingly being viewed as one way to protect seniors from those who exploit them. These programs can also be an effective alternative to guardianship.

This new manual describes what money management is, how programs are organized and administered, and the potential role such programs might play in preventing elder abuse and neglect. The manual is in .pdf format but is too large to attach. It can be found at:
http://www.elderabusecenter.org/pdf/publication/DailyMoneyManagement.pdf

Don't forget that VDA has a service standard for money management and at least one AAA is currently providing this service.

Attachment

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COMMONWEALTH of VIRGINIA
Department for the Aging
Jay W. DeBoer, J.D., Commissioner

MEMORANDUM

TO: Directors
Area Agencies on Aging

FROM: Bill Peterson

DATE: October 21, 2003

SUBJECT: ***Post* Article on Means Testing for Medicare**

Attached is an article from the October 16th issue of the *Washington Post* that describes how close Congress has come to agreeing to means test Medicare. The article also has information on the increase in the deductible and Part A premiums for Medicare beneficiaries.

Note that we can't really call older persons "Medicare beneficiaries" anymore. The preferred CMS term is "persons who receive Medicare." I am not kidding!

Attachment

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“Means Test” Deal Near On Medicare

By Amy Goldstein
The Washington Post
October 16, 2003

House and Senate negotiators, struggling for accord on a plan to redesign Medicare, have agreed in principle that wealthy older Americans should pay more for doctor visits and other outpatient care, reprising an idea that has proved politically explosive.

According to several sources familiar with the negotiations, the core group of lawmakers trying to resolve separate House and Senate versions of the Medicare legislation has reached consensus on the basic strategy of charging higher insurance premiums to recipients with comparatively high incomes.

The negotiators, however, have not worked out crucial questions such as how many of Medicare's 40 million recipients would pay such a surcharge, when it would begin and how the government would administer it. "The details are still very much up in the air," said one source, although negotiators have reached a "general consensus."

The agreement's basic contours, reached during a bargaining session yesterday, would take Medicare in a direction not envisioned by the House or the Senate in June, when each chamber passed legislation to add a prescription drug benefit and a larger role for private health plans to the insurance program for the elderly and disabled.

The idea of creating a "means test" with less help for affluent patients has surfaced in every major discussion of Medicare's future for nearly two decades. Policymakers have regarded it as one of the most effective steps they could take to improve the system's fragile financial health. But liberal Democrats and others say it would undermine a central principle on which the 38-year-old program was founded: universal health insurance for all people 65 and older.

The negotiators' thinking goes significantly beyond an aspect of the House-passed legislation, which would require affluent Medicare patients to pay more for medicine under the new prescription drug benefits the bill would create. Congressional sources said yesterday that the proposed higher premiums for outpatient care, known as "Part B" of Medicare, probably would supplant the House's idea of tying the drug benefits to patients' income, but the negotiators had not formally made such a decision.

The question of whether wealthier patients should chip in more is one of several ticklish questions the Medicare conferees have been considering in daily bargaining sessions. Lawmakers acknowledge they will miss their self-imposed Friday deadline to resolve the legislation.

Negotiators have debated -- though not agreed on -- intricacies such as how a drug benefit would be designed, how to deter private employers from dropping health benefits for retirees, and how far to go to satisfy conservative Republicans' desire to include tax benefits for health care used by younger Americans.

Efforts to charge comparatively wealthy Medicare patients more for their care have a long, divisive history. The change was a main ingredient in a 1988 law to protect Medicare patients from "catastrophic" health care expenses. It proved so unpopular that Congress took the extraordinary step of repealing the law the next year.

The Senate included an income-related provision in 1997 legislation to balance the federal budget, but it was dropped in a final budget agreement with the House. President Bill Clinton included the strategy in his failed attempt to revise the nation's health care system in the early 1990s, but he abandoned it as politically unworkable in a Medicare proposal to Congress several years later. And in the late 1990s, leaders of a high-level advisory commission on Medicare's future favored the idea, but excluded it from final recommendations.

The idea surfaced most recently in June when the Senate passed its Medicare bill, and it provoked controversy again. Sens. Dianne Feinstein (D-Calif.) and Don Nickles (R-Okla.) introduced a proposal that would charge higher Part B premiums to the approximately 2 percent of Medicare patients who have incomes of $100,000 or more. The plan was estimated to save the program $43 billion over the next decade. Late that night, the Senate voted to embrace the proposal, but it was withdrawn because Sen. Edward M. Kennedy (D-Mass.), a longtime leader on health issues, threatened to filibuster the entire bill.

Yesterday, Kennedy renewed his criticism. "I oppose means testing because it heads Medicare in the wrong direction," he said in a statement.

The sources said the negotiators debated yesterday whether to set the income threshold for the higher premium at $100,000, as the Senate amendment would have done; at $60,000, the level at which the House bill would provide less help with drug costs; or at some other amount. Lawmakers also discussed whether such a strategy could be administered without relying on federal income tax returns, an idea that has provoked past complaints. Nor did they decide whether any money reaped through the strategy should be used for better drug benefits or for overall savings to the program, the sources said.

In a separate matter, the Department of Health and Human Services announced yesterday that the monthly Medicare premium paid by most older Americans will increase by 13.5 percent next year. The Medicare Part B premium, which covers physician services, hospital outpatient care, medical equipment and some home health care, will rise $7.90, to $66.60 per month.

Most beneficiaries do not pay a premium for Part A services, such as inpatient hospital care, because they have earned it through their employment. The deductible paid by the beneficiary, however, will rise by $36, to $876, in 2004.

Staff writer Stephen Barr contributed to this report.

COMMONWEALTH of VIRGINIA
Department for the Aging
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MEMORANDUM

TO: Directors
Area Agencies on Aging

FROM: Bill Peterson

DATE: October 21, 2003

SUBJECT: **Update on Complaints Regarding Medicaid Transportation**

Attached as a .pdf file is a report presented at the October 15th meeting of the Joint Commission on Health Care. The highlights of this report include:

- Service problems and late/no payments to transportation providers caused DMAS to cancel the contract with DynTek effective December 15, 2002. DynTek still owes considerable amounts of money to local transportation providers. The settlement agreement with DynTek required that all amounts be paid and DMAS continues to work with the Office of the Attorney General to ensure these amounts are paid.

- The current transportation broker, LogistiCare, has established 7 Regional Offices throughout the state. Regional staff are: More knowledgeable of local issues (clients, roads, facilities/health care providers, and transportation providers); are "On the ground" to respond to problems; and are now responsible for handling all "where are my ride" calls.

- Over the past 4-6 months, service has improved significantly. The number of provider and client complaints is much lower: Call center abandonment rate under DynTek prior to cancellation of contract was 40%. The current rate with LogistiCare is 6%.

- Average number of trips per month provided by LogistiCare: 258,038.

- Complaints as percentage of trips/month is now as low as .2%.

Attachment

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Status Report on Medicaid Non-Emergency Transportation Program

Presentation to:
The Joint Commission on Health Care

Patrick W. Finnerty, DMAS Director &
John Shermyen, President of LogistiCare

Richmond, Va.
September 17, 2003

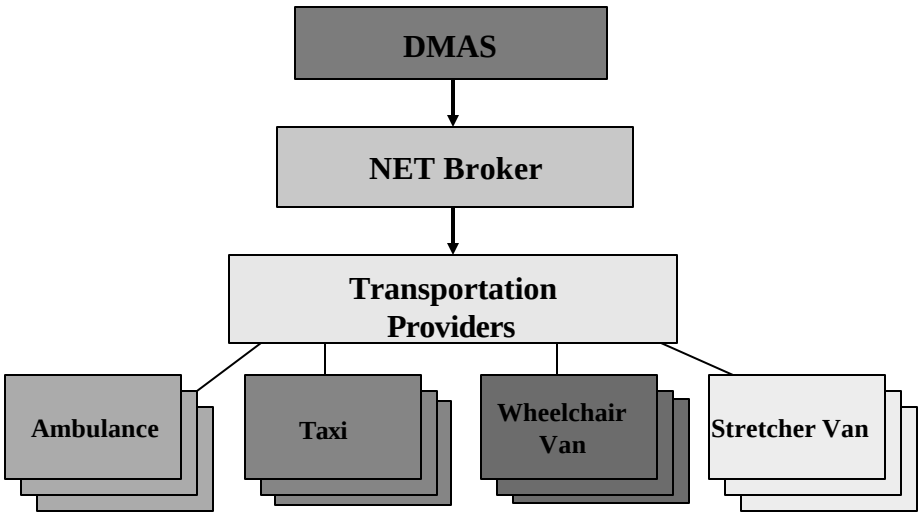
Presentation Outline

- ***Background***
- **Program History**
- **Current Status/Quality Assurance**

Overview: Non-Emergency Transportation (NET)

- NET program provides transportation services for fee-for-service Medicaid clients to/from covered services (e.g., doctor visits, hospital services, outpatient treatment, MH/MR services, etc.)
  - taxi, wheelchair van, stretcher van, ambulance, public transit
- HMOs provide transportation for their managed care Medicaid clients
- NET services are managed through a transportation "broker"
  - brokerage model was adopted in 2001 due to spiraling transportation costs and excessive fraud in the prior system

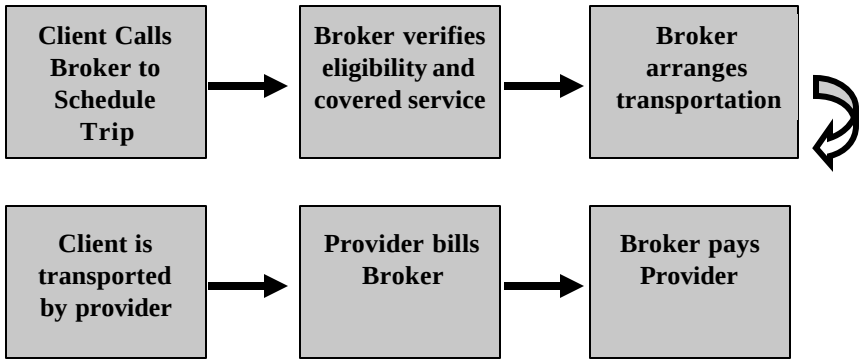
NET Brokerage System (Contractual Relationship)



NET Broker Services/Functions

- Operates call center
- Recruits and maintains transportation provider network
- Assesses/authorizes transportation service
- Schedules trips and assigns appropriate transportation provider
- Assures compliance with driver/vehicle requirements
- Monitors quality and timeliness of service
- Reimburses transportation providers
- Provides administrative oversight
- Produces management reports for DMAS

Process of Providing NET Services



Presentation Outline

- ☐ Background
- ■ *Program History*
- ☐ Current Status/Quality Assurance

Program History

- Prior to brokerage system, NET costs had been increasing 15% per year; costs exceeded $60 million in FY 2001
- Two Brokers were awarded contracts in 2001
  - DynCorp (DynTek) (roughly 75% of program)
  - LogistiCare (roughly 25% of program)
  - NET Program was implemented on July 1, 2001
  - Implementation had numerous problems, particularly with DynTek
- After several months, the program stabilized somewhat; however, service problems continued with DynTek
  - DMAS established the Medicaid Transportation Advisory Committee to identify and respond to concerns

Program History (cont'd)

- DynTek was unresponsive to correcting service problems; payments to providers started to be delayed in late Summer and Fall, 2002
- Service problems and late/no payments to transportation providers caused DMAS to cancel the contract (by agreement) with DynTek effective December 15, 2002
- LogistiCare assumed responsibility for DynTek regions on December 16, 2002
  - LogistiCare had only 5 days to prepare for transition
- Despite some start-up issues, the transition went relatively smoothly

Program History

- DynTek owed substantial sums to providers; settlement agreement required that all amounts be paid; DMAS continues to work with the Office of the Attorney General to ensure these amounts are paid

Presentation Outline

- ☐ **Background**
- ☐ **Program History**
- ■ ***Current Status/Quality Assurance***

Current Status/Quality Assurance

- **DMAS has implemented internal organizational/ administrative changes to manage the program more closely**
  - **Medicaid Transportation Advisory Committee**
  - **Transportation Program Manager/additional staff**
  - **Field visits/additional monitoring**
  - **Revised reporting requirements**
- **LogistiCare has established 7 Regional Offices throughout the state. Regional staff are:**
  - **More knowledgeable of local issues (clients, roads, facilities/health care providers, and transportation providers)**
  - **"On the ground" to respond to problems**
  - **Responsible for "where's my ride" calls**

Current Status/Quality Assurance

- LogistiCare has established Regional Advisory Committees in each region
- Over the past 4-6 months, service has improved significantly; the number of provider and client complaints is much lower
  - Call center abandonment rate under DynTek prior to cancellation of contract was 40%; current rate is 6%
- NET program is "stabilizing"
- DMAS/LogistiCare are working with various provider/advocacy associations to respond to "group-specific" issues

Program Statistics

- Number of eligible clients: 242,000
- Number of clients served (Jan-Jun 03): 38,052
- Number of trips (avg) per month: 258,038
- Number of complaints (avg/month): 508
- Complaints as percentage of trips/month: .2%